

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**FUNERAL DIRECTING AND EMBALMING****APPLICATION FOR REVIEW OF A  
CONTINUING EDUCATION PROGRAM****SECTION A - Name and Address**

NAME AND MAILING ADDRESS: (Please <u>print</u> your name and full address)		
First:	Middle:	Last:
Address:		
City:	State:	Zip

Date \_\_\_\_\_ Signature \_\_\_\_\_

Are you the program provider?

☐ Yes☐ No

Telephone Number: \_\_\_\_\_

**SECTION B - Program Information**

1	Name of Provider:			
2	Address:	PO/Street:		
		City:	State:	Zip:
3	Name of Program:			
4	Objectives of Program:			
5	Number of Hours Requested for Approval (exclusive of time for breaks and meals)			
6	Location of Program:			
7	Date(s) of Program:			

➔ A copy of the program agenda must be attached to this request for approval of the continuing education program.

**SECTION C - Method of Program Attendance Verification.**

➔ Attach a sample copy of the documentation the provider issues to licensees as proof of attendance at the program. Examples include, a signature roster, a certificate of completion, or a letter from the provider verifying attendance at the program.

**SECTION D - Type of Program (Please check the applicable program)**

- ☐ Academic Credit:      ☐ semester hours;      ☐ quarter hours;      ☐ other
- ☐ Workshop, clinic, lecture, forum, seminar, etc.
- ☐ Video

**FOR OFFICE USE ONLY - BOARD DECISION:**☐ Approved, \_\_\_\_\_ hours credit☐ Denied, Reason: \_\_\_\_\_\_\_\_\_\_  
(Signature of Reviewer)\_\_\_\_\_  
(Date)

**SECTION E - Method of Program Monitoring**

Describe the method utilized to monitor the program:

**SECTION F - Presenter Information**

1	Name:	First:	Middle:	Last:
2	Qualifications (List any education, experience and/or training that qualifies the individual to present this continuing education program.)	Education:		
		Experience:		
		Training:		

➡ You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume or documentation of previous presentations pertaining to funeral directing and embalming.

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NOTE: This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

◆ Objectives for all programs must relate to the practice of mortuary science and must contribute directly to the professional competency of the funeral director and embalmer.

The **definition of funeral directing** is: (a) counseling families or next of kin in regard to the conduct of a funeral service for a dead human body for burial, disposition, or cremation or directing or supervising burial, disposition, or cremation of dead human bodies. Cremation shall be considered as a final disposition of a dead human body the same as interment, (b) providing for or maintaining a funeral establishment, or (c) the act of representing oneself as or using in connection with one's name the title of funeral director, mortician, or any other title implying that he or she is engaged in the business of funeral directing;

The **definition of embalming** is the practice of preparing a dead human body for burial or other final disposal by a licensed funeral director and embalmer or an apprentice, requesting and obtaining burial or removal permits, or assuming any of the other duties incident to the practice of embalming. Any person who publicly professes to be a funeral director and embalmer or an apprentice shall be deemed to be practicing embalming. The performance of the following acts shall also be deemed the practice of embalming: (a) The disinfection and preservation of dead human beings, entire or in part; and (b) the attempted disinfection and preservation thereof by the use or application of chemical substances, fluids, or gases ordinarily used, prepared, or intended for such purposes, either by outward application of such chemical substances, fluids, or gases on the body or by introducing them into the body, by vascular or hypodermic injection, or by direct introduction into the organs or cavities;

◆ After the Board has granted its *written approval* of the application, the provider is entitled to state upon its publications: This program is approved for \_\_\_\_\_(number) Nebraska Funeral Directing and Embalming continuing education hours.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.